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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Black Hills Pioneer		2. DATE: 9.15.21
3. FREQUENCY OF ISSUE: Daily	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 306	3B. ANNUAL SUBSCRIPTION PRICE $: Various

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO Box 7 Spearfish, Lawrence County, SD 57783

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
PO Box 788 Hasting, NE 68901

6. FULL NAME OF PUBLISHER: Letitia Lister

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Seaton Publishing Co Inc.	PO Box 7 Spearfish, SD 57783

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	4495	4523
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	3409	3416
2. Mail Subscription (Paid and or requested)	372	386
3. Paid Electronic Copies	245	245
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	4026	4047
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	96	96
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	4122	4143
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	113	119
2. Return from News Agents	260	261
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	4495	4523

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

president, publisher
(Title)

State of South Dakota)
§
County of Lawrence)

Sworn to before me this 15th day of Sept., 2021

Notary Public

My commission expires: 07-18-2025

(Seal)

Form: SOS REC 051 9/2016

UNITED STATES POSTAL SERVICE®

Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

1. Publication Title	2. Publication Number	3. Filing Date
Black Hills Pioneer	452-420	9·15·21
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price
Daily, Except Sunday & Holidays	306	Various

7. Complete Mailing Address of Known Office of Publication *(Not printer) (Street, city, county, state, and ZIP+4®)*

PO Box 7 Spearfish, SD Lawrence County 57783

Contact Person: Scott Trimble

Telephone *(Include area code)*: 605-642-2761

8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not printer)*

Letitia Lister PO Box 7 Spearfish, SD 57783

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor *(Do not leave blank)*

Publisher *(Name and complete mailing address)*

Mark Watson PO Box 7, Spearfish SD 57783

Editor *(Name and complete mailing address)*

Managing Editor *(Name and complete mailing address)*

10. Owner *(Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)*

Full Name	Complete Mailing Address
Seaton Publishing Co Inc.	PO Box 7 Spearfish, SD 57783
Donald R Seaton	PO Box 788 Hastings, NE 68901

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☒ None

Full Name	Complete Mailing Address

12. Tax Status *(For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)*

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☐ Has Not Changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months *(Publisher must submit explanation of change with this statement)*

13. Publication Title			14. Issue Date for Circulation Data Below	
Black Hills Pioneer			10·1·21	
15. Extent and Nature of Circulation			**Average No. Copies Each Issue During Preceding 12 Months**	**No. Copies of Single Issue Published Nearest to Filing Date**
a. Total Number of Copies *(Net press run)*			4495	4438
b. Paid Circulation *(By Mail and Outside the Mail)*	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	328	325
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 *(Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)*	91	85
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	3327	3355
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	245	245
c. Total Paid Distribution *[Sum of 15b (1), (2), (3), and (4)]* ▶			3991	4010
d. Free or Nominal Rate Distribution *(By Mail and Outside the Mail)*	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0
	(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	0	0
	(4)	Free or Nominal Rate Distribution Outside the Mail *(Carriers or other means)*	96	96
e. Total Free or Nominal Rate Distribution *(Sum of 15d (1), (2), (3) and (4))*			96	96
f. Total Distribution *(Sum of 15c and 15e)* ▶			4087	4106
g. Copies not Distributed *(See Instructions to Publishers #4 (page #3))* ▶			408	332
h. Total *(Sum of 15f and g)*			4495	4438
i. Percent Paid *(15c divided by 15f times 100)* ▶			98%	98%

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

UNITED STATES POSTAL SERVICE®

Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

16. Electronic Copy Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies ▶	245	245
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a) ▶	4236	4255
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a) ▶	4332	4351
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100) ▶	98%	98%

☒ **I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal price.**

17. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed in the _____ issue of this publication. ☐ Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

[signature], President & publisher

Date: 9/15/2021

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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